



# Health Plan Decision Guide

2006



FOR CONTRACTING AGENCY MEMBERS

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# Welcome to the CalPERS Health Benefits Program

While CalPERS provides a variety of health plans, only you can decide which is best for you and your family. Please be sure to read all the information in this booklet.

## Who to Contact

If you require assistance or need to make changes in your enrollment, there are customer service representatives ready to help. Follow the instructions below for Active Employees and Retired Members, as appropriate.

## Active Employees

Your employer's Health Benefits Officer or Personnel Office must complete the **Health Benefit Enrollment** form through the CalPERS ACES system or file a form (HBD-12) when you enroll or make any changes to your enrollment. If your employer uses the ACES system, your enrollment will be received by your health plan the next day.

## Retired Members

Once you become a retiree, CalPERS functions as your Health Benefits Officer. Therefore, most changes to your health enrollment can be done by calling CalPERS at **(888) CalPERS (225-7377)**.

If you prefer to write to CalPERS, include your (member's) Social Security number, name and daytime phone number with area code. Be sure to include the following information when requesting changes:

- Changing your address requires your former address and new address.
- Adding or deleting a dependent requires the dependent's name, Social Security number, birth date, relationship to member, and the reason for adding or deleting the dependent.
- Adding a spouse due to marriage requires a copy of the **Marriage Certificate**.
- Deleting a spouse due to divorce requires a copy of the **Divorce Decree**.

- Adding a domestic partner requires a registered copy of the **Declaration of Domestic Partnership** form from the Office of the Secretary of State.
- Deleting a Domestic Partner requires a copy of the **Termination of Domestic Partnership** form from the Office of the Secretary of State.
- Adding an economically dependent child requires a completed **Affidavit of Eligibility** form, available from CalPERS.
- Medicare eligible members must certify their Medicare status by submitting a **Certification of Medicare Status** form, available from CalPERS, and a copy of their Medicare card to validate satisfactory evidence of Medicare eligibility, ineligibility or deferral. To find out more information about Medicare and your CalPERS coverage, review pages 2 - 3 of this booklet.

You may obtain all CalPERS forms by visiting our Web site at **[www.calpers.ca.gov](http://www.calpers.ca.gov)** or by calling CalPERS at **(888) CalPERS (225-7377)**.

Mail your request for changes to:

### CalPERS

### Office of Employer & Member Health Services

P.O. Box 942714

Sacramento, CA 94229-2714

### IMPORTANT

*It is your responsibility to ensure that the health enrollment information about you and your dependents is accurate and that you report any necessary changes to your employer in a timely manner. Failure to maintain current and accurate health enrollment information may result in you being liable to reimburse your employer for retroactive reimbursement of premiums in excess of six months from the date upon which the action is required.*

## Basic Health Plan Choices for 2006

Depending on where you live or work, your health plan options may include three types of health plans:

- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO)
- Exclusive Provider Organization (EPO)

### Preferred Provider Organization Plans (PPOs)

- PERS Choice
- PERSCare
- Peace Officers Research Association of California (PORAC) Police and Fire Health Plan\*

A PPO is similar to a traditional “fee-for-service” plan, but you must use doctors in the PPO provider network or pay higher co-insurance. Unlike an HMO, where a primary care physician directs all your care, a PPO allows you to select a primary care provider and specialists without referral. Generally, there are annual deductibles to meet before some benefits apply. You are responsible for a certain percentage of the charges (co-insurance), and the plan pays the balance up to the allowable amount.

#### NOTE

*When you use nonpreferred providers, except for emergency and urgent care services, you are responsible for any charges above the allowable amount for preferred providers.*

### Health Maintenance Organization Plans (HMO)

- Blue Shield Access+ HMO
- Kaiser Permanente
- Western Health Advantage

HMOs offer members a range of health benefits, including preventive care, for a monthly premium and have set co-payments for the care you receive. The HMO will give you a list of doctors to use in choosing a primary care

physician (PCP). Your PCP coordinates all your care, including referrals to specialists. If you go outside the HMO's provider network without a referral from the plan, you will be responsible for the total cost of services, except for emergency or urgent care services.

All HMOs contracted with CalPERS are required to maintain accreditation by the National Committee for Quality Assurance (NCQA).

### Exclusive Provider Organization Plan (EPO)

- Blue Shield EPO

The Blue Shield Exclusive Provider Organization Plan (EPO) **only serves Colusa, Lake, Mendocino, Plumas, Sierra and parts of El Dorado counties.** The plan offers the same covered services as the Blue Shield Access+ HMO Plan, but members must seek services from Blue Shield's statewide PPO network of preferred providers. Members are not required to select a personal physician.

## Medicare Plan Choices for 2006

The 2006 Supplement to Original Medicare and Medicare Managed Care plans are outlined on page 3. The *Understanding Medicare* booklet, which provides more detailed information, may be obtained by visiting the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling **(888) CalPERS (225-7377)**. Be sure to read it thoroughly, as it will help you determine if you must be enrolled in Medicare, how to use your CalPERS plan in conjunction with that program, and what type of plan is right for you.

#### NOTE

*The 2003 Medicare Modernization Act added a prescription drug benefit, referred to as **Medicare Part D**, to the federal Medicare program, effective January 1, 2006. Please refer to the CalPERS publication *Understanding Medicare* to learn more about this benefit and how it affects the CalPERS Medicare plans.*

The CalPERS premiums shown on pages 12 and 13 pay for services not covered by Medicare.

\* You must belong to the specific employee association and pay applicable dues to enroll in this plan.

## PPO Supplement to Original Medicare Plans

- PERS Choice
- PERSCare
- Peace Officers Research Association of California (PORAC) Police and Fire Health Plan\*

With PPO Supplement to Original Medicare plans, your provider bills Medicare for most services, and your health plan pays for some services not covered by Medicare. In some cases, you may have to pay a portion of the provider's bill because Medicare and the PPO Supplement to Original Medicare plan might not cover all costs.

## HMO Supplement to Original Medicare Plans

- Blue Shield Access+ HMO
- Western Health Advantage

With HMO Supplement to Original Medicare plans, you must use the plan's contracted providers, except for emergency or urgent care services. There are no additional costs to you, other than applicable copayments when services are provided by the HMO's contracted providers. The plan's providers bill Medicare for each visit or service. The plan reimburses providers for some services not covered by Medicare.

## EPO Supplement to Original Medicare Plan

- Blue Shield EPO

The Blue Shield EPO Supplement to Original Medicare plan **only serves Colusa, Lake, Mendocino, Plumas, Sierra and parts of El Dorado counties.** The Blue Shield EPO Supplement to Original Medicare Plan offers the same covered services as the HMO plan, but members must seek services from Blue Shield's statewide PPO network of preferred providers. Members are not required to select a personal physician. The plan's providers bill Medicare for each visit or service, and the plan reimburses providers for approved services not covered by Medicare.

## HMO Medicare Managed Care Plan (Medicare Advantage)

- Kaiser Permanente Senior Advantage

With an HMO Medicare Managed Care plan (Medicare Advantage), you must use the plan's contracted providers, except for emergencies or urgent care services. There are no additional costs to you, other than applicable copayments, when services are provided by the HMO's contracted providers.

A Medicare Managed Care plan has been approved by the Medicare program and receives a monthly premium directly from Medicare for your care.

### NOTE

*Enrollment by you or your family members in a CalPERS Supplement to Original Medicare or Medicare Managed Care Plan (Medicare Advantage) will not affect other family members who are covered by the Basic plan.*

## Out-of-State Plan Choices for 2006

The following CalPERS health plans are available to Basic and Medicare-eligible members living outside California:

- PERS Choice (PPO)
- PERSCare (PPO)
- Kaiser Permanente (HMO) is available in parts of Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington, and Washington D.C. Costs and some benefits may vary outside of California. For information on eligible ZIP codes, service areas, and benefits, call Kaiser at **(800) 464-4000**.
- Peace Officers Research Association of California (PORAC) Police and Fire Health Plan\* (PPO)

\* You must belong to the specific employee association and pay applicable dues to enroll in this plan.

## How to Choose a Health Plan

What's the best way to choose a plan? While some people choose the lowest cost plan available to them, there is more to choosing a health plan than just cost. Just like making any other major purchase, such as a new car or home, you need to look at a variety of factors to choose the plan that is right for you and your family. The **Quality Report** is designed to provide you with information you need to make your health plan decision. You can obtain a copy of this booklet online at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling (888) CalPERS (225-7377).

There are two tools available to help you make your health plan choice:

- If you have access to the Internet, you may want to use our online decision-making tool, the **Health Plan Chooser**. It allows you to rank health plans by costs, doctors, member satisfaction, and covered services. You can find the Chooser on our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) (See page 18 of this booklet for instructions).
- If you don't have Internet access, you may use the **Health Plan Choice Worksheet** on page 19 of this booklet to help you compare factors you should consider when choosing a health plan – cost, benefits, quality, performance, satisfaction, and administration.

Remember, the plan you choose will be your plan for the 2006 calendar year.

## Medicare Part D Prescription Drug Coverage

Effective January 1, 2006, Medicare is adding a new prescription drug benefit known as Part D. CalPERS Medicare members already have prescription drug coverage that is as good as or better than what will be available under Part D, so you should not enroll in Part D.

### NOTE

*CalPERS members with limited income and resources may be able to get help paying for a Medicare prescription drug plan. Some*

*members may need to decide if it is in their best interest to leave CalPERS and sign up for Medicare Part D. If you think you may qualify, you can apply by phone at (800) 772-1213, at your local Social Security office or county social services office, or online at [www.ssa.gov](http://www.ssa.gov).*

## Selecting a Health Plan in Your Home or Work ZIP Code

Availability of a health plan is based on the ZIP code of your home or current work address. Active employees and working CalPERS retirees may enroll in a health plan using their home or work ZIP code. If the home ZIP code is used, all enrolled dependents must live in the health plan's service area. If the work ZIP code is used for health plan enrollment, all enrolled dependents must receive all covered services (except for emergency and urgent care) within the health plan's service area, even if they do not live in the service area.

To find out which health plans are available in your area, you may use our online service, the **Health Plan Search by ZIP Code** available at [www.calpers.ca.gov](http://www.calpers.ca.gov). You may also obtain a list of eligibility ZIP codes from your employer or by contacting CalPERS at (888) CalPERS (225-7377).

## Working CalPERS Retirees

Working CalPERS retirees who are eligible for Medicare Parts A and B and are not enrolled in their current employer's group health plan may enroll in a CalPERS Medicare plan as follows:

- Any CalPERS Supplement to Original Medicare (HMO, EPO or PPO) available in either their home or work ZIP code.
- Kaiser Permanente's Medicare Managed Care Plan (Senior Advantage), based on their home ZIP code.

Working retirees who are eligible for Medicare Parts A and B may not enroll in a CalPERS Basic plan, unless they are not covered by their current employer's health plan.

Working retirees who are eligible for health benefits can enroll in a health plan based on their work ZIP code. Retirees may contact CalPERS at **(888) CalPERS (225-7377)**, visit [www.calpers.ca.gov](http://www.calpers.ca.gov), or contact the plan to obtain a list of eligibility Zip codes before they enroll to assure the work ZIP code is covered by the plan.

#### NOTE

*Retirees cannot use the address of the contracting agency or school employer from which they retired to establish ZIP code eligibility.*

*When you choose a health plan, be sure to review the plan's covered and non-covered services and the restrictions on your choice of providers. If you receive non-covered services for HMO members or use a provider outside the plan's network (except for emergency or urgent care), you will have to pay for the services.*

### Selecting a Primary Care Physician (PCP) or Medical Group

When you enroll in or change plans to an HMO, you may have to select a new Primary Care Physician or medical group. Each family member may choose a different PCP. You may choose your PCP from the following physician types: general practice, family practice, internist, pediatrician, and obstetrician/gynecologist. Each plan's provider directory lists available PCPs and their specialties. Call the plan to make sure the PCP is still in the plan's physician network.

Make sure the PCP you want will take you as a patient before you notify your plan. List your PCP or medical group on your **Health Benefit Enrollment** form (HBD-12). If you don't, the plan will assign a PCP for you and each of your family members.

Most PCPs will refer patients to specialists within their own medical group or independent practice association.

#### NOTE

*It is important to know that when you enroll in a health plan, services are provided through that health plan's delivery system. The continued participation of any one doctor, hospital, pharmacy, or other provider cannot be guaranteed.*

### Health Premium Costs

Your cost will depend on the health plan you choose. Whether you are working or have retired, your employer or former employer may be making monthly contributions toward your health premium; however, the amount they contribute varies. To verify these amounts, contact your employer if you are an active employee or contact CalPERS if you are a retiree.

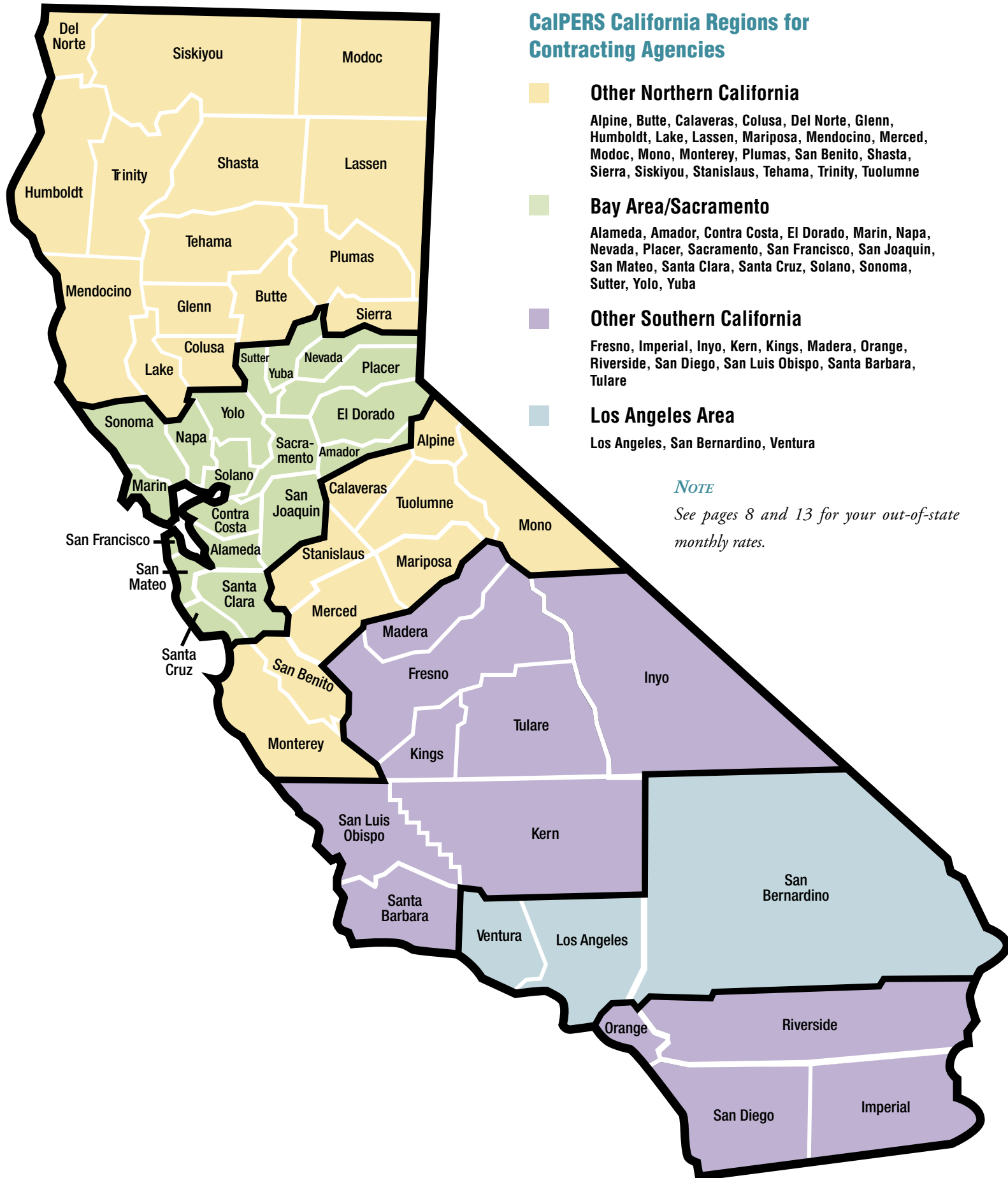
### Check Your Health Plan Deduction Before Using Services

When you enroll in or change health plans and do not see your new plan's premium payment on your pay stub or retirement check, **do not** use the services of your former plan. Instead, contact your agency's Health Benefits Officer or Personnel Office if you are an active employee or CalPERS if you are a retiree to report the discrepancy and learn how to get the health care services you need.

### Identification Cards

You will need your health plan identification (ID) card when you seek medical care. CalPERS does not issue ID cards; the health plans issue them. If you do not receive your card by the end of December 2005 for the 2006 benefit year, contact your health plan. If you need care before your card arrives, call your new health plan or CalPERS at **(888) CalPERS (225-7377)** for assistance.

ID cards are issued each year only to new members. If you need additional ID cards, you may contact your health plan to request them.



## Monthly Premium Rates Based on Regional Pricing

Effective January 1, 2005, CalPERS implemented regional pricing for its contracting agencies. Regional pricing, which adjusts health premiums to reflect regional costs, only affects contracting agency active employees and retirees who are enrolled in the Basic plans. The five geographic regions are: other Northern California areas, Bay Area/Sacramento, other Southern California, Los Angeles area, and out-of-state. Basic monthly premium rates do not reflect employer contributions, which vary from employer to employer. To find out the employer contribution, contact your employer if you are an active employee or CalPERS if you are retiree. To find your monthly cost: (1) go to the appropriate area of the chart that lists your region and plan; (2) follow across to the right to see the premium; and (3) subtract your employer's contribution from the premium amount.

### NOTE

*If you live in a ZIP code which is split across two regions, you will automatically be enrolled in the lowest cost region.*

#### OTHER NORTHERN CALIFORNIA BASIC MONTHLY RATE (B)

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

<b>PLAN</b> IF YOU ARE →	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
<b>Blue Shield HMO &amp; EPO</b>	\$431.91	3031	\$863.82	3032	\$1,122.97	3033
<b>Kaiser Permanente (CA)</b>	398.03	3071	796.06	3072	1,034.88	3073
<b>PERS Choice</b>	420.61	3221	841.22	3222	1,093.59	3223
<b>PERSCare</b>	707.37	3271	1,414.74	3272	1,839.16	3273
<b>PORAC<sup>1</sup></b>	399.00	2071	748.00	2072	950.00	2073
<b>Western Health Advantage</b>	354.07	2821	708.14	2822	920.58	2823

#### BAY AREA/SACRAMENTO BASIC MONTHLY RATE (B)

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

<b>PLAN</b> IF YOU ARE →	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
<b>Blue Shield HMO &amp; EPO</b>	\$425.50	3011	\$851.00	3012	\$1,106.30	3013
<b>Kaiser Permanente (CA)</b>	389.38	3051	778.76	3052	1,012.39	3053
<b>PERS Choice</b>	404.59	3201	809.18	3202	1,051.93	3203
<b>PERSCare</b>	680.43	3251	1,360.86	3252	1,769.12	3253
<b>PORAC<sup>1</sup></b>	399.00	2071	748.00	2072	950.00	2073
<b>Western Health Advantage</b>	354.07	2821	708.14	2822	920.58	2823

<sup>1</sup> PORAC is not affected by regional pricing, and you must belong to the specific employer association and pay applicable dues to enroll in this plan.

## OTHER SOUTHERN CALIFORNIA BASIC MONTHLY RATE (B)

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Diego, San Luis Obispo, Santa Barbara, Tulare

<i>PLAN</i> IF YOU ARE →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield HMO & EPO	\$357.67	3041	\$715.34	3042	\$929.94	3043
Kaiser Permanente (CA)	320.55	3081	641.10	3082	833.43	3083
PERS Choice	384.56	3231	769.12	3232	999.86	3233
PERSCare	646.74	3281	1,293.48	3282	1,681.52	3283
PORAC <sup>1</sup>	399.00	2071	748.00	2072	950.00	2073

## LOS ANGELES AREA BASIC MONTHLY RATE (B)

Los Angeles, San Bernardino, Ventura

<i>PLAN</i> IF YOU ARE →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield HMO & EPO	\$312.98	3021	\$625.96	3022	\$813.75	3023
Kaiser Permanente (CA)	306.54	3061	613.08	3062	797.00	3063
PERS Choice	376.55	3211	753.10	3212	979.03	3213
PERSCare	633.27	3261	1,266.54	3262	1,646.50	3263
PORAC <sup>1</sup>	399.00	2071	748.00	2072	950.00	2073

## OUT-OF-STATE BASIC MONTHLY RATE (B)

Out-of-State

<i>PLAN</i> IF YOU ARE →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Kaiser Permanente (Out-of-State: Colorado, Georgia, Hawaii, Mid-Atlantic [Maryland, Virginia, and Washington DC], Northwest [Oregon and Washington], and Ohio)	\$527.31	2521, 2451, 2701, 2651, 2191, 2621	\$1,054.62	2522, 2452, 2702, 2652, 2192, 2622	\$1,371.01	2523, 2453, 2703, 2653, 2193, 2623
PERS Choice	440.64	3241	881.28	3242	1,145.66	3243
PERSCare	741.06	3291	1,482.12	3292	1,926.76	3293
PORAC <sup>1</sup>	399.00	2071	748.00	2072	950.00	2073

<sup>1</sup> PORAC is not affected by regional pricing, and you must belong to the specific employer association and pay applicable dues to enroll in this plan.

### OTHER NORTHERN CALIFORNIA COMBINATION – BASIC (B) & MEDICARE (M) – MONTHLY RATE

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Tuolumne, Trinity

<i>PLAN</i> IF YOU ARE →	Employee in M 1 Dependent in B	Plan Code	Employee in M 2+ Dependents in B	Plan Code	Employee & 1 Dependent in M 1+ Dependents in B	Plan Code
Blue Shield HMO & EPO	\$718.40	3134	\$977.55	3135	\$832.13	3136
Kaiser Permanente (CA)	616.62	3174	855.44	3175	676.00	3176
PERS Choice	742.64	3324	995.01	3325	896.43	3326
PERSCare	1,054.57	3374	1,478.99	3375	1,118.82	3376
PORAC <sup>1</sup>	700.00	2084	902.00	2085	903.00	2086
Western Health Advantage	631.51	2834	843.95	2835	767.32	2836
<i>PLAN</i> IF YOU ARE →	Employee in B 1 Dependent in M	Plan Code	Employee in B 2+ Dependents in M	Plan Code	Employee & 1 Dependent in B 1+ Dependents in M	Plan Code
Blue Shield HMO & EPO	\$718.40	3137	\$1,004.89	3138	\$977.55	3139
Kaiser Permanente (CA)	616.62	3177	835.21	3178	855.44	3179
PERS Choice	742.64	3327	1,064.67	3328	995.01	3329
PERSCare	1,054.57	3377	1,401.77	3378	1,478.99	3379
PORAC <sup>1</sup>	749.00	2087	1,097.00	2088	951.00	2089
Western Health Advantage	631.51	2837	908.95	2838	843.95	2839

### BAY AREA/SACRAMENTO COMBINATION – BASIC (B) & MEDICARE (M) – MONTHLY RATE

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

<i>PLAN</i> IF YOU ARE →	Employee in M 1 Dependent in B	Plan Code	Employee in M 2+ Dependents in B	Plan Code	Employee & 1 Dependent in M 1+ Dependents in B	Plan Code
Blue Shield HMO & EPO	\$711.99	3114	\$967.29	3115	\$828.28	3116
Kaiser Permanente (CA)	607.97	3154	841.60	3155	670.81	3156
PERS Choice	726.62	3304	969.37	3305	886.81	3306
PERSCare	1,027.63	3354	1,435.89	3355	1,102.66	3356
PORAC <sup>1</sup>	700.00	2084	902.00	2085	903.00	2086
Western Health Advantage	631.51	2834	843.95	2835	767.32	2836
<i>PLAN</i> IF YOU ARE →	Employee in B 1 Dependent in M	Plan Code	Employee in B 2+ Dependents in M	Plan Code	Employee & 1 Dependent in B 1+ Dependents in M	Plan Code
Blue Shield HMO & EPO	\$711.99	3117	\$998.48	3118	\$967.29	3119
Kaiser Permanente (CA)	607.97	3157	826.56	3158	841.60	3159
PERS Choice	726.62	3307	1,048.65	3308	969.37	3309
PERSCare	1,027.63	3357	1,374.83	3358	1,435.89	3359
PORAC <sup>1</sup>	749.00	2087	1,097.00	2088	951.00	2089
Western Health Advantage	631.51	2837	908.95	2838	843.95	2839

## OTHER SOUTHERN CALIFORNIA COMBINATION – BASIC (B) & MEDICARE (M) – MONTHLY RATE

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Diego, San Luis Obispo, Santa Barbara, Tulare

<i>PLAN</i> IF YOU ARE →	Employee in M 1 Dependent in B	Plan Code	Employee in M 2+ Dependents in B	Plan Code	Employee & 1 Dependent in M 1+ Dependents in B	Plan Code
Blue Shield HMO & EPO	\$644.16	3144	\$858.76	3145	\$787.58	3146
Kaiser Permanente (CA)	539.14	3184	731.47	3185	629.51	3186
PERS Choice	706.59	3334	937.33	3335	874.80	3336
PERSCare	993.94	3384	1,381.98	3385	1,082.44	3386
PORAC <sup>1</sup>	700.00	2084	902.00	2085	903.00	2086
<i>PLAN</i> IF YOU ARE →	Employee in B 1 Dependent in M	Plan Code	Employee in B 2+ Dependents in M	Plan Code	Employee & 1 Dependent in B 1+Dependents in M	Plan Code
Blue Shield HMO & EPO	\$644.16	3147	\$930.65	3148	\$858.76	3149
Kaiser Permanente (CA)	539.14	3187	757.73	3188	731.47	3189
PERS Choice	706.59	3337	1,028.62	3338	937.33	3339
PERSCare	993.94	3387	1,341.14	3388	1,381.98	3389
PORAC <sup>1</sup>	749.00	2087	1,097.00	2088	951.00	2089

## LOS ANGELES AREA COMBINATION – BASIC (B) & MEDICARE (M) – MONTHLY RATE

Los Angeles, San Bernardino, Ventura

<i>PLAN</i> IF YOU ARE →	Employee in M 1 Dependent in B	Plan Code	Employee in M 2+ Dependents in B	Plan Code	Employee & 1 Dependent in M 1+ Dependents in B	Plan Code
Blue Shield HMO & EPO	\$599.47	3124	\$787.26	3125	\$760.77	3126
Kaiser Permanente (CA)	525.13	3164	709.05	3165	621.10	3166
PERS Choice	698.58	3314	924.51	3315	869.99	3316
PERSCare	980.47	3364	1,360.43	3365	1,074.36	3366
PORAC <sup>1</sup>	700.00	2084	902.00	2085	903.00	2086
<i>PLAN</i> IF YOU ARE →	Employee in B 1 Dependent in M	Plan Code	Employee in B 2+ Dependents in M	Plan Code	Employee & 1 Dependent in B 1+Dependents in M	Plan Code
Blue Shield HMO & EPO	\$599.47	3127	\$885.96	3128	\$787.26	3129
Kaiser Permanente (CA)	525.13	3167	743.72	3168	709.05	3169
PERS Choice	698.58	3317	1,020.61	3318	924.51	3319
PERSCare	980.47	3367	1,327.67	3368	1,360.43	3369
PORAC <sup>1</sup>	749.00	2087	1,097.00	2088	951.00	2089

<sup>1</sup> PORAC is not affected by regional pricing, and you must belong to the specific employer association and pay applicable dues to enroll in this plan.

# OUT-OF-STATE COMBINATION – BASIC (B) & MEDICARE (M) – MONTHLY RATE

## Out-of-State

<i>PLAN</i> IF YOU ARE →	Employee in M 1 Dependent in B	Plan Code	Employee in M 2+ Dependents in B	Plan Code	Employee & 1 Dependent in M 1+ Dependents in B	Plan Code
<b>Kaiser Permanente</b> (Out-of-State: Colorado, Georgia, Hawaii, Mid-Atlantic [Maryland, Virginia, and Washington DC], Northwest [Oregon and Washington], and Ohio)	\$737.30	2534, 2494, 2144, 2614, 2694, 2634	\$1,053.69	2535, 2495, 2145, 2615, 2695, 2635	\$736.37	2536, 2496, 2146, 2616, 2696, 2636
<b>PERS Choice</b>	762.67	3344	1,027.05	3345	908.44	3346
<b>PERSCare</b>	1,088.26	3394	1,532.90	3395	1,139.04	3396
<b>PORAC<sup>1</sup></b>	700.00	2084	902.00	2085	903.00	2086
<i>PLAN</i> IF YOU ARE →	Employee in B 1 Dependent in M	Plan Code	Employee in B 2+ Dependents in M	Plan Code	Employee & 1 Dependent in B 1+ Dependents in M	Plan Code
<b>Kaiser Permanente</b> (Out-of-State: Colorado, Georgia, Hawaii, Mid-Atlantic [Maryland, Virginia, and Washington DC], Northwest [Oregon and Washington], and Ohio)	\$737.30	2537, 2497, 2147, 2617, 2697, 2637	\$947.29	2538, 2498, 2148, 2618, 2698, 2638	\$1,053.69	2539, 2499, 2149, 2619, 2699, 2639
<b>PERS Choice</b>	762.67	3347	1,084.70	3348	1,027.05	3349
<b>PERSCare</b>	1,088.26	3397	1,435.46	3398	1,532.90	3399
<b>PORAC<sup>1</sup></b>	749.00	2087	1,097.00	2088	951.00	2089

## Medicare Monthly Premium Rates Not Affected by Regional Pricing

The following monthly premium rates for Medicare *are not affected by regional pricing, nor do they reflect any employer contributions*. To find out the employer contribution, contact your employer if you are an active employee or CalPERS if you are a retiree (888) CalPERS (225-7377). To find out what your monthly cost will be: (1) go to the appropriate area of the chart based on your eligibility ZIP code which determines the region in which you belong; (2) follow across to the right to see the premium; and (3) subtract your employer's contribution from the premium amount.

### OTHER NORTHERN CALIFORNIA MEDICARE MONTHLY RATE (M)

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

<b>PLAN</b> IF YOU ARE →	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield HMO & EPO	\$286.49	3131	\$572.98	3132	\$859.47	3133
Kaiser Permanente (CA)	218.59	3171	437.18	3172	655.77	3173
PERS Choice	322.03	3321	644.06	3322	966.09	3323
PERSCare	347.20	3371	694.40	3372	1,041.60	3373
PORAC <sup>1</sup>	351.00	2081	701.00	2082	1,049.00	2083
Western Health Advantage	277.44	2831	554.88	2832	832.32	2833

### BAY AREA/SACRAMENTO MEDICARE MONTHLY RATE (M)

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

<b>PLAN</b> IF YOU ARE →	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield HMO & EPO	\$286.49	3111	\$572.98	3112	\$859.47	3113
Kaiser Permanente (CA)	218.59	3151	437.18	3152	655.77	3153
PERS Choice	322.03	3301	644.06	3302	966.09	3303
PERSCare	347.20	3351	694.40	3352	1,041.60	3353
PORAC <sup>1</sup>	351.00	2081	701.00	2082	1,049.00	2083
Western Health Advantage	277.44	2831	554.88	2832	832.32	2833

<sup>1</sup> PORAC is not affected by regional pricing, and you must belong to the specific employer association and pay applicable dues to enroll in this plan.

### OTHER SOUTHERN CALIFORNIA MEDICARE MONTHLY RATE (M)

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Diego, San Luis Obispo, Santa Barbara, Tulare

<i>PLAN</i> IF YOU ARE →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield HMO & EPO	\$286.49	3141	\$572.98	3142	\$859.47	3143
Kaiser Permanente (CA)	218.59	3181	437.18	3182	655.77	3183
PERS Choice	322.03	3331	644.06	3332	966.09	3333
PERSCare	347.20	3381	694.40	3382	1,041.60	3383
PORAC <sup>1</sup>	351.00	2081	701.00	2082	1,049.00	2083

### LOS ANGELES AREA MEDICARE MONTHLY RATE (M)

Los Angeles, San Bernardino, Ventura

<i>PLAN</i> IF YOU ARE →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield HMO & EPO	\$286.49	3121	\$572.98	3122	\$859.47	3123
Kaiser Permanente (CA)	218.59	3161	437.18	3162	655.77	3163
PERS Choice	322.03	3311	644.06	3312	966.09	3313
PERSCare	347.20	3361	694.40	3362	1,041.60	3363
PORAC <sup>1</sup>	351.00	2081	701.00	2082	1,049.00	2083

### OUT-OF-STATE MEDICARE MONTHLY RATE (M)

Out-of-State

<i>PLAN</i> IF YOU ARE →	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Kaiser Permanente (Out-of-State: Colorado, Georgia, Hawaii, Mid-Atlantic [Maryland, Virginia, and Washington DC], Northwest [Oregon and Washington], and Ohio)	\$209.99	2531, 2491, 2141, 2611, 2691, 2631	\$419.98	2532, 2492, 2142, 2612, 2692, 2632	\$629.97	2533, 2493, 2143, 2613, 2693, 2633
PERS Choice	322.03	3341	644.06	3342	966.09	3343
PERSCare	347.20	3391	694.40	3392	1,041.60	3393
PORAC <sup>1</sup>	351.00	2081	701.00	2082	1,049.00	2083

## Health Plan Service Areas

To determine if the plan you are considering provides service where you live or work, find your county and follow the dots to see which plans are available to you. Remember, availability is based on the ZIP code of your home or current work address.

You should contact the plan before you enroll to make sure they currently cover your ZIP code and that their provider network is accepting new patients in your area. You may also use our online service the Health Plan Search by ZIP code, available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

<i>PLAN</i>	Alameda	Alpine	Amador	Butte	Calaveras	Colusa	Contra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt	Imperial	Inyo	Kern
Blue Shield HMO & EPO	•			•	✦	•		✦	•	•	•	•			•
Kaiser Permanente	•		•			•		•	•						•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Western Health Advantage					•			•							

<i>PLAN</i>	Kings	Lake	Lassen	Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa	Nevada	Orange
Blue Shield HMO & EPO	•	✦		•	•	•	✦	•				•	•		•
Kaiser Permanente	•			•	•	•						•			•
PERS Choice	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PERSCare	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PORAC	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Western Health Advantage															

- Health plan covers all or part of county.

## Important . . .

You must live or work in the geographic service area of the health plan in order to enroll or remain enrolled in that plan.

<i>PLAN</i>	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Shasta
<b>Blue Shield HMO &amp; EPO</b>	•	❖	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Kaiser Permanente</b>	•		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PERS Choice</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PERSCare</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PORAC</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Western Health Advantage</b>	•		•	•	•	•	•	•	•	•	•	•	•	•	•

<i>PLAN</i>	Sierra	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Tehama	Trinity	Tulare	Tuolumne	Ventura	Yolo	Yuba	Out-of-State
<b>Blue Shield HMO &amp; EPO</b>	❖		•	•	•	•	•	•	•	•	•	•	•	•
<b>Kaiser Permanente</b>			•	•	•	•	•	•	•	•	•	•	•	•
<b>PERS Choice</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PERSCare</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PORAC</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Western Health Advantage</b>	•		•	•	•	•	•	•	•	•	•	•	•	•

❖ The Blue Shield EPO Plan serves Colusa, Lake, Mendocino, Plumas, Sierra, and parts of El Dorado counties only. The Blue Shield EPO plan offers the same covered services as the HMO plan, but members must seek services from the Blue Shield PPO network of providers. Members are not required to select a personal physician.

## Health Plan Directory

Contact your health plan with any questions or requests for the following:

- ID cards
- Verification of provider participation
- Service area boundaries (covered ZIP codes)
- Benefits, deductibles, limitations, and exclusions
- Evidence of Coverage booklets
- Individual conversion policies

### Blue Shield of California

P.O. Box 272520

Chico, CA 95927-2520

Member Services: (800) 334-5847

[www.mylifepath.com](http://www.mylifepath.com) (for current members)

[www.mylifepath.com/calpers](http://www.mylifepath.com/calpers) (for prospective members)

### Kaiser Permanente

Northern California Region\*

1950 Franklin Street

Oakland, CA 94612

Member Service Call Center: (800) 464-4000

Southern California Region\*

393 E. Walnut Street

Pasadena, CA 91188

Member Service Call Center: (800) 464-4000

[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

### PERS Choice and PERSCare

Blue Cross of California

P.O. Box 60007

Los Angeles, CA 90060-0007

(877) PERS PPO or 737-7776

(818) 234-5141 (outside of the continental U.S.)

(818) 234-3547 (TDD)

P.O. Box 629 (for direct premium payments)

Woodland Hills, CA 91365-0629

[www.calpers.ca.gov](http://www.calpers.ca.gov)

### Peace Officers Research Association of California (PORAC) Police & Fire Health Plan

(Administered by Blue Cross)

**For eligibility issues, contact:**

4010 Truxel Road

Sacramento, CA 95834

(800) 937-6722 (PORAC)

[www.porac.org](http://www.porac.org)

**For benefits or claim information, contact:**

Blue Cross of California

Attn: PORAC Unit

P.O. Box 60007

Los Angeles, CA 90060-0007

(800) 288-6928 (Blue Cross)

[www.bluecrossca.com](http://www.bluecrossca.com)

### Western Health Advantage

1331 Garden Highway, Suite 100

Sacramento, CA 95833-9773

(888) 563-2251

(916) 563-2251

[www.westernhealth.com](http://www.westernhealth.com)

\* Contact Kaiser Permanente's Member Service Call Center to confirm your region.

## When You Need Help

Your health plan and CalPERS work together to ensure timely delivery of services for you and your family, however, disagreements may occur. You may contact your health plan first and then CalPERS to assist you in resolving any issues. Review the information below to see how your health plan and CalPERS are here to help.

### Filing a Grievance

You have a legal right to file a written grievance with your health plan to resolve an issue, complaint, or disagreement, if you feel your plan has not helped you appropriately. Refer to your health plan's *Evidence of Coverage* booklet for more information about your plan's grievance process. Contact your health plan to receive a copy of your plan's *Evidence of Coverage* booklet.

### Appealing a Decision

Once you receive a written response about a grievance you have filed, and if you are not satisfied with the decision, you may appeal your plan's decision.

### Members in a Health Maintenance Organization (HMO) & Exclusive Provider Organization Plan (EPO)

If you are a HMO or EPO health plan enrollee, and you have filed a grievance and are dissatisfied with your HMO's final decision, you may contact the Department of Managed Health Care (DMHC) HMO Customer Help Center at **(888) 466-2219** to register your complaint. You may also contact DMHC if the matter is not resolved within 30 days from the time your grievance was received by your health plan or contact them immediately if the matter is urgent.

If you have filed a grievance and are dissatisfied with your HMO's or EPO's final decision regarding your eligibility for health benefits or limits of coverage under the plan, you may contact CalPERS for assistance.

### Members in a Preferred Provider Organization (PPO)

The California Department of Managed Health Care (DMHC) does not regulate PPO health plans. If you are a PPO health plan enrollee, have filed a grievance and are dissatisfied with your PPO's final decision, you may contact CalPERS at **(888) CalPERS (225-7377)** for assistance.

### Binding Arbitration

Binding arbitration is a method of resolving conflicts used by some health plans. It requires you to agree in advance that any claims or disagreements will be settled through neutral, legally binding resolution, replacing court or jury trials. In some instances, you can choose to appeal to CalPERS rather than go through binding arbitration. If your plan requires binding arbitration, the process will be described in your plan's *Evidence of Coverage* booklet.

### HMO Consumer Help Center

The California Department of Managed Health Care (DMHC) regulates all HMOs in California. If you have a grievance with your HMO and are dissatisfied with the resolution offered by the plan, you may call the HMO Consumer Help Center at **(888) 466-2219** or TDD **(877) 688-9891**. You also may request assistance through DMHC's Web site at [www.dmhbc.ca.gov](http://www.dmhbc.ca.gov)

## Health Plan Chooser

Need help finding a new health plan or doctor? Find all the resources you need in one place with the online ***Health Plan Chooser*** on CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov). It's the do-it-yourself way to make your health plan and provider decisions. To get to the Health Plan Chooser:

- Select the **For Members** option, then
- Select your **Member View**
- Select the **Chooser** link in the Shortcuts menu on the right side navigation bar.

## Health Plan Choice Worksheet

The Health Plan Choice Worksheet on page 19 can be used as a comparison tool when evaluating health plans. Go through the steps listed in the left column of the worksheet. Some answers will be a simple "yes" or "no," while others will require you to insert information or to call the health plan. Remember, the best plan for you will be the one that works for your specific situation. If you need assistance completing this form, contact CalPERS at **(888) CalPERS (225-7377)**.

HEALTH PLAN CHOICE WORKSHEET									
	Plan names and phone numbers:								
	Select the type of plan: (circle choice)	PPO	HMO	EPO	PORAC♦	PPO	HMO	EPO	PORAC♦
STEP 1	See page 16, and call the plan's customer service center: Ask if the plan is available in your home or work ZIP code.	Yes		No		Yes		No	
	Ask for a provider directory or the names of doctors accepting new patients.								
	Call the doctor's office. Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.								
STEP 2	How did the plan rate in "quality"? (See the <i>Quality Report</i> .)♦♦								
	How did the plan rate in "satisfaction"? (See the <i>Quality Report</i> .)♦♦								
	Compare the "benefits." Look at the <i>Benefit Summary</i> booklet in your packet. CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.								
STEP 3	Calculate your monthly cost. Enter the monthly premium (see pages 7 - 13). Premium amounts will vary based on 1 party/2 party/family and Basic/Medicare.	\$				\$			
	Enter your employer's contribution. Contact your employer if you are an active employee or contact CalPERS if you are a retiree.	\$				\$			
	Calculate your cost. Subtract your employer's contribution from the monthly premium. If the total is \$0 or less, your cost is \$0.								
	Other considerations: Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?								
	What changes are you planning in the upcoming year (i.e. retirement, transfer, move, etc.)?								
	Other information								
	Compare and select a plan.								

♦ You must belong to PORAC and pay applicable dues to enroll in this plan.

♦♦ The *Quality Report* can be viewed online at [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may order by calling (888) CalPERS (225-7377).

## Instructions - Open Enrollment Change Request Form for Retirees

The Open Enrollment Period allows you the opportunity to change your health plan, eligible dependents, or enroll in a health plan. Any health plan changes during Open Enrollment become effective January 1, 2006. To make an Open Enrollment change, complete the request form (HBD-30), and mail it to or call CalPERS. All changes are subject to verification of eligibility. Call CalPERS for eligibility information.

<b>Mail the HBD-30 and all other requests to:</b> Office of Employer & Member Health Services P.O. Box 942714 Sacramento, CA 94229-2714	<b>For further information, please contact:</b> Toll Free: (888) CalPERS (225-7377) TTY: (800) 735-2929 FAX: (916) 795-1277
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INSTRUCTIONS FOR COMPLETING HBD-30	
<b>TYPE OF CHANGE</b>	Check the type of change(s) you are making.
<b>RETIREE INFORMATION</b>	Complete all retiree information. Be sure to include the name of the agency from which you retired.
<b>HEALTH PLAN</b>	Before requesting a plan change, verify that the doctor you want is contracted with the health plan and accepting new patients. If not, you will need to find another doctor who contracts with the new plan.
<b>DEPENDENT INFORMATION</b>	<p>List only the dependents you are adding. All dependents currently enrolled on your health plan will remain on your plan. Adding a spouse requires a copy of your <i>Marriage License</i>. Adding a domestic partner requires a registered <i>Declaration of Domestic Partnership</i> form.</p> <p><b>Important:</b> If the dependent(s) you are adding is eligible for Medicare Parts A and B, a copy of the Medicare card or <i>Notice of Entitlement</i> letter must be returned with this form.</p>
<b>RETIREE'S SIGNATURE</b>	The signature of the retired member is required.

### NOTE

- Be sure to report changes to CalPERS in a timely manner to avoid retroactive reimbursement liability.
- After changing your health plan, be sure to examine your retirement check to verify that the proper deduction is made. If the deduction is incorrect, call CalPERS to report the discrepancy.
- If you are enrolled in a Medicare Managed Care plan (Medicare Advantage) and are switching to a Supplement to Original Medicare plan, you must contact your current health plan or the nearest Social Security Administration office to disenroll your Medicare benefits from your current Medicare Managed Care plan (Medicare Advantage). If you do not disenroll, Medicare will not pay your new health plan for services. For more information, request a copy of the *Understanding Medicare* booklet, or look for this booklet on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov).

**Do not use this form to cancel your health coverage or delete a dependent.** Make your request by calling or writing CalPERS. Include your Social Security number, daytime phone number, mailing address, the type of change, and the reason for change. The effective date for change, other than Open Enrollment changes, depends on the reason for the requested change and date received. For more information on effective dates, call CalPERS at (888) CalPERS (225-7377).



Office of Employer & Member Health Services  
P.O. Box 942714  
Sacramento, CA 94229-2714  
(888) CalPERS (225-7377)/TTY (800) 735-2929

Changing Plans? Open Enrollment plan changes can be done over the phone by calling (888) CalPERS (225-7377).

Date Called: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

To save time, complete this form before you call to request changes over the phone.

## Open Enrollment Change Request Form For Retirees

(For Retirees only. Active employees - contact your Personnel Office.)

Changes Effective January 1, 2006

### • TYPE OF CHANGE •

- ☐ **Change My Health Plan.** (Complete *Retiree Information*, *Health Plan*, and *Retiree Signature*.)  
☐ **Add Eligible Dependents to My Health Plan.\*** (Complete *Retiree Information*, *Dependent Information*, and *Retiree Signature*.)  
☐ **Enroll in a Health Plan.\*\*** (Complete all sections.)

### • RETIREE INFORMATION •

Social Security Number	Last Name	First Name	MI	Retirement Date (MM/YY)
Date of Birth (MM/DD/YY)	Home Address	Mailing Address (if different)		Apt/Unit #
Daytime Phone Number ( )	City	State	ZIP	County (residence)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you or any of your dependents on Medicare disability?		Are you or any of your dependents enrolled in both Parts A & B of Medicare?*	
Name of agency or school district retired from:	Member <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send a copy of Medicare cards.		Member <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send a copy of Medicare cards.	

### • HEALTH PLAN •

Name of New Health Plan	Name of Doctor/Medical Group (include ID#s, if known)
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### • DEPENDENT INFORMATION •

Dependents to be Added	Social Security Number	Date of Birth	Relationship	Doctor or Medical Group

### • RETIREE'S SIGNATURE •

By signing this form, I elect to change to the plan indicated above and/or add eligible family members. I also certify that the health information listed above is true and complete and authorize deductions, if applicable, to be made from my retirement allowance to cover my share of the cost of enrollment.

Signature of Retiree	Date Form Signed		

\* Adding a spouse requires a copy of your marriage license. Adding a domestic partner requires a registered Declaration of Domestic Partnership. Adding an economically-dependent child requires an Affidavit of Eligibility. Contact your former employer or CalPERS for more information concerning eligibility requirements.

\*\* You can enroll in the CalPERS Health Program if you:

- Retired from the State of California, a school district, or a public agency that contracts with CalPERS to provide health benefits for its retirees,
- Are receiving a retirement check, and
- Retired within 120 days from the day you separated from your job.

## California Public Employees' Retirement System Notice Of Privacy Practices

*Effective Date: April 14, 2003*

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

### Why We Ask for Information About You

The Information Practices Act of 1977 and the Federal Privacy Act require CalPERS to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Section 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians, and insurance carriers but only in strict accordance with current statutes regarding confidentiality. You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **(888) CalPERS (225-7377)**.

### How We Use Your Social Security Number

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency which requests an individual to disclose a Social Security number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The CalPERS Office of Employer & Member Health Services requests Social Security numbers on a voluntary basis. However, it should be noted that due to the use of Social Security numbers by other agencies for identification purposes, CalPERS may be unable to verify eligibility for benefits without the Social Security number.

The CalPERS Office of Employer & Member Health Services uses Social Security numbers for the following purposes only:

- Enrollee identification for eligibility processing and verification
- Payroll deduction and State contribution for State employees
- Billing of public agencies for employee and employer contributions
- Reports to CalPERS and other State agencies
- Coordination of benefits among health plans
- Resolution of member appeals/complaints/grievances with health plans

### How We Use and Protect Medical Information About You

We understand that medical information about you and your health is personal and CalPERS is committed to protecting medical information about you which is in our possession. This notice applies to all of the records of your health plan participation generated by CalPERS. The participating health plan in which you are enrolled may have different policies or notices regarding its use and disclosure of your medical information.

If you have any questions about this notice, please contact the Health Insurance Portability and Accountability Act (HIPAA) Coordinator at **(888) CalPERS (225-7377)**.

The remainder of this notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The Federal Health Insurance Portability and Accountability Act Privacy Regulations (Title 45, Code of Federal Regulations, sections 164.500, et seq.) require us to:

- Make sure that medical information that identifies you is kept private
- Provide this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice currently in effect

### How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Health Care Operations.** We may use and disclose medical information about you for CalPERS health benefits operations. These uses and disclosures are necessary to run the CalPERS health benefits program and make sure that all of our enrollees receive quality care. For example, we may use and disclose medical information about you to evaluate the performance of the health plan in which you are enrolled, for coordination of benefits among health plans, or to resolve an appeal, complaint or grievance with the health plan. We may also combine medical information about many CalPERS health benefits enrollees to evalu-

ate health plan performance, to assist in rate setting, to measure quality of care provided or for other health care operations. In some cases, we may obtain medical information about you from a participating health plan, provider or third-party administrator for certain of our health care operations. If the medical information received from others is part of our health care operations, the uses and disclosures would be in accordance with this guideline.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services, such as treatment alternatives, disease management or wellness programs that may be of interest to you.
- **Named Insured.** “Named Insured” refers to the person’s name under whom you are insured, also known as the subscriber. If you are enrolled in the CalPERS Health Benefit Program as a dependent, we may release enrollment information about you only to the named insured. However, protected health information can only be released to the individual to whom the health information pertains, or to the named insured in the case of a minor dependent, or to the custodian of an individual who is unable to represent themselves.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law or regulation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## Special Situations

- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if you have been given proper notice and an opportunity to object.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal or state officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected medical information about you that is maintained by the CalPERS Office of Employer & Member Health Services. In most cases, this consists solely of information concerning your health plan enrollment. In some cases, it may also include information that you have provided to CalPERS to assist with coordination of benefits among health plans or to resolve an appeal, complaint or grievance against the health plan in which you are enrolled.

To inspect and copy protected medical information about you, you must submit your request in writing to the HIPAA Coordinator at P.O. Box 942714, Sacramento, CA 94229-2714. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by CalPERS will

review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that protected medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the CalPERS Office of Employer & Member Health Services.

To request an amendment, your request and any supporting information must be made in writing and submitted to the HIPAA Coordinator at P.O. Box 942714, Sacramento, CA 94229-2714. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the medical information kept by or for CalPERS
  - Is not part of the information which you would be permitted to inspect and copy
  - Is accurate and complete
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Coordinator at P.O. Box 942714, Sacramento, CA 94229-2714. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.***

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the HIPAA Coordinator at P.O. Box 942714, Sacramento, CA 94229-2714. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail at a specific address.

To request confidential communications, you must make your request in writing to the HIPAA Coordinator at P.O. Box 942714, Sacramento, CA 94229-2714. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** If you have accessed this notice via the Internet, you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To obtain a paper copy of this notice contact the HIPAA Coordinator at **(888) CalPERS (225-7377)**.

## Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the CalPERS Health Benefit Branch reception area and on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov). The notice will contain the effective date on the first page in the top left corner. In addition, a copy of the most recent notice will be included in each year's CalPERS Open Enrollment materials. You can request a copy of the most recent notice by following the directions included with your *Annual Health Plan Statement*.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with CalPERS or with the Secretary of the Department of Health & Human Services. To file a complaint with CalPERS, contact the HIPAA Coordinator at **(888) CalPERS (225-7377)**. All complaints must be submitted in writing. **You will not be retaliated against for filing a complaint.**

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose your medical information about you for the reasons covered by your written authorization. You understand, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of your participation in the CalPERS Health Benefits Program.

## I Need More Information. Where Do I Go?

### CalPERS

#### Office of Employer & Member Health Services

P.O. Box 942714

Sacramento, CA 94229-2714

**(888) CalPERS (225-7377) (*not 800*)**

FAX: (916) 795-3935

### CalPERS Regional Offices

#### Fresno Regional Office

10 River Park Place East, Suite 230

Fresno, CA 93720

**(888) CalPERS (225-7377) (*not 800*)**

FAX (559) 440-4901

#### Glendale Regional Office

655 North Central Avenue, Suite 1400

Glendale, CA 91203

**(888) CalPERS (225-7377) (*not 800*)**

FAX (818) 662-4304

#### Orange Regional Office

500 North State College Blvd., Suite 750

Orange, CA 92868

**(888) CalPERS (225-7377) (*not 800*)**

FAX (714) 939-4701

#### Sacramento Regional Office

2750 Gateway Oaks Drive, Room 140

Sacramento, CA 95833

**(888) CalPERS (225-7377) (*not 800*)**

FAX (916) 231-7917

#### San Bernardino Regional Office

650 East Hospitality Lane, Suite 330

San Bernardino, CA 92408

**(888) CalPERS (225-7377) (*not 800*)**

FAX (909) 806-4820

#### San Diego Regional Office

7676 Hazard Center Drive, Suite 350

San Diego, CA 92108

**(888) CalPERS (225-7377) (*not 800*)**

FAX (619) 220-7201

#### San Francisco Regional Office

301 Howard Street, Suite 2020

San Francisco, CA 94105

**(888) CalPERS (225-7377) (*not 800*)**

FAX (415) 369-8501

#### San Jose Regional Office

181 Metro Drive, Suite 520

San Jose, CA 95110

**(888) CalPERS (225-7377) (*not 800*)**

FAX (408) 451-8001

### NOTE

*Our Sacramento Regional Office will move to  
400 Q Street, Sacramento, CA 95814 in October 2005*

CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

400 Q Street, Sacramento, CA 95814  
[www.calpers.ca.gov](http://www.calpers.ca.gov)